

ALLERGY SAFETY POLICY

Contents

1. Aims
2. Legislation and guidance
3. Roles and responsibilities
4. Identifying individuals at risk
5. Assessing risk
6. Minimising risk
7. Procedures for handling an allergic reaction
8. Adrenaline devices (ADs)
9. Serious incidents and 'near misses'
10. Allergy awareness
11. Wellbeing
12. Information sharing
13. Monitoring arrangements
14. Links to other policies

1. Aims

This policy aims to:

Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction

Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion

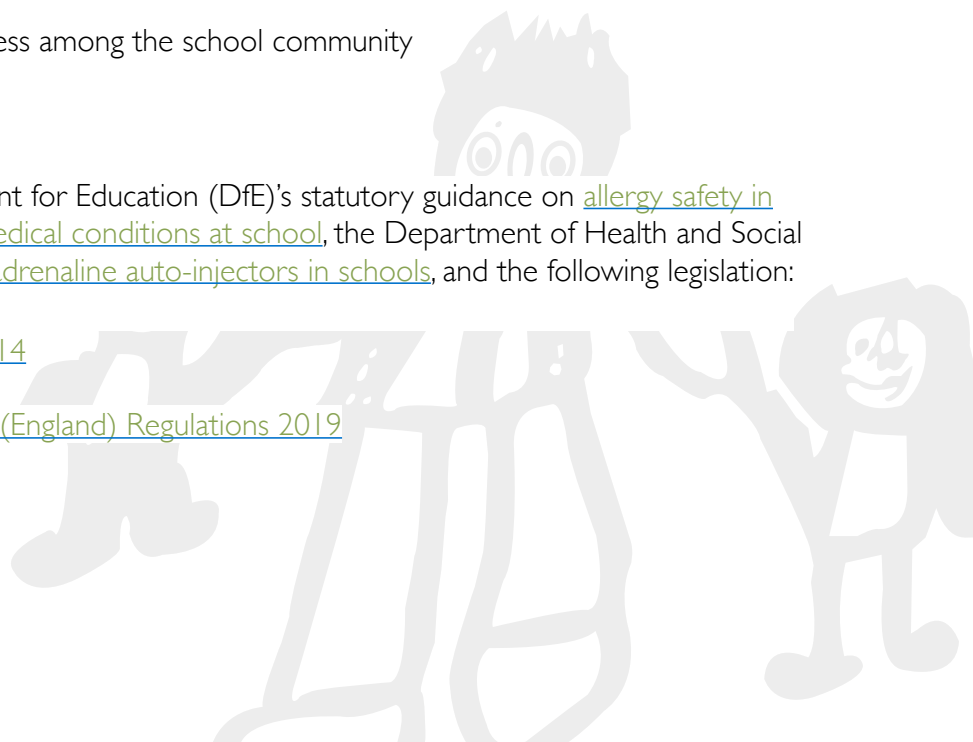
Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

[The Food Information Regulations 2014](#)

[The Food Information \(Amendment\) \(England\) Regulations 2019](#)



3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

Risks relating to pupils with allergy are actively managed

The school has an allergy safety policy which sets out:

- o Arrangements to reduce the risk of individuals coming into contact with their known allergens
- o Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Simon Knight (Joint Headteacher)

They're responsible for:

Implementing this allergy safety policy

Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published

Promoting and maintaining allergy awareness across our school community

Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

Ensuring:

All allergy information is up to date and readily available to relevant members of staff

All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)

All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional

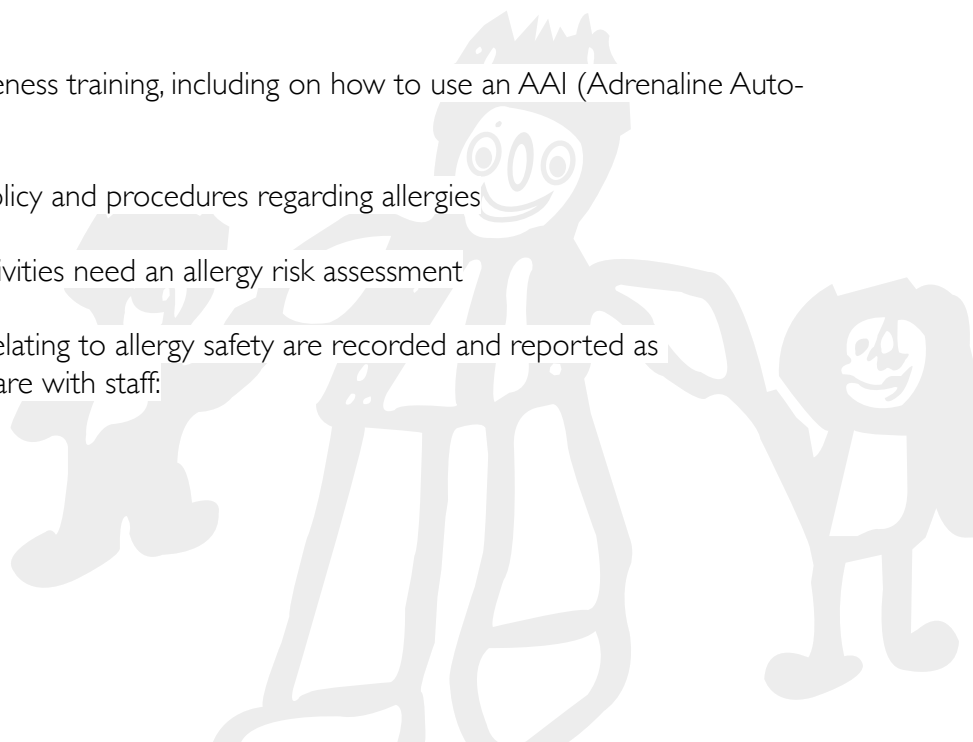
All staff receive regular allergy awareness training, including on how to use an AAI (Adrenaline Auto-Injector)

All staff are aware of the school's policy and procedures regarding allergies

Relevant staff are aware of what activities need an allergy risk assessment

Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:

What lessons there are to learn



Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 David Mills (Site Manager) and Cathryn Maginnis (Administrator)

are responsible for:

Checking spare AAls are present and in date on a monthly basis

Making sure that replacement AAls are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

Promoting and maintaining allergy awareness among pupils

Maintaining awareness of our allergy safety policy and procedures

Being able to recognise the signs of severe allergic reactions and anaphylaxis

Being aware of specific pupils with allergies in their care

Reducing the risk to pupils with known allergies coming into contact with known allergens

Ensuring the wellbeing and inclusion of pupils with allergies

Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

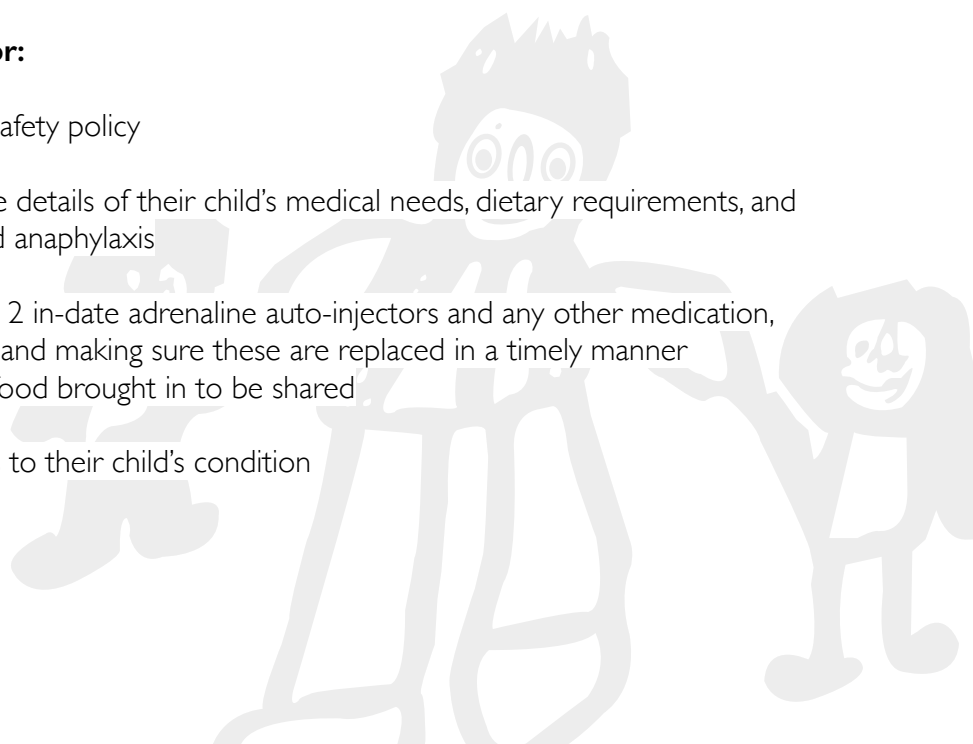
Parents/carers are responsible for:

Being aware of our school's allergy safety policy

Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis

If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
Following the school's guidance on food brought in to be shared

Updating the school on any changes to their child's condition



3.7 Pupils with allergies

If age and developmentally appropriate, pupils will be supported to be responsible for:

Being aware of their allergens and the risks they pose

Carrying their AD on their person and only using it for its intended purpose

Understanding how and when to use their AD

3.8 Pupils without allergies

If age and developmentally appropriate, pupils will be supported to be responsible for:

Being aware of allergens and the risk they pose to their peers and to manage the risk appropriately

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include: Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould

Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals

Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis

Asthma which may be triggered by airborne allergens

Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

Accommodate scheduled paediatric clinics on site where medical needs can be discussed and information updated

We expect that parents/carers proactively inform us by either a phone call to the school or an email, if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

Asking new staff to provide details of their allergies in advance of their start date and how they may need to be supported in the event of an allergic reaction

Asking visitors to provide details of their allergies upon arrival and how they may need to be supported in the event of an allergic reaction

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

Have an allergy which has a functional impact on them in the school environment

They are at risk of harm as a result of their allergy; and

Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed.

Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

The school maintains a register of pupils who have a known allergy. The register includes:
Known allergens and risk factors for anaphylaxis

Whether a pupil has been prescribed ADs (and if so, what type and dose)

Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication

The register is kept in suitable locations across the school and can be checked quickly by any member of staff as part of initiating an emergency response

Due to the complexity of their learning needs, it is unlikely that our pupils will be able to self-administer their AD. Where it is determined that this is appropriate, then action will be taken to support the pupil to do so.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

Lessons such as food technology

Science experiments involving foods

Crafts using food packaging

Off-site events and school trips

Any other activities involving animals or food, such as animal handling experiences or baking

6. Minimising risk

6.1 Hygiene procedures

Pupils are reminded to wash their hands before and after eating

Sharing of food, food containers, and food utensils is carefully supervised

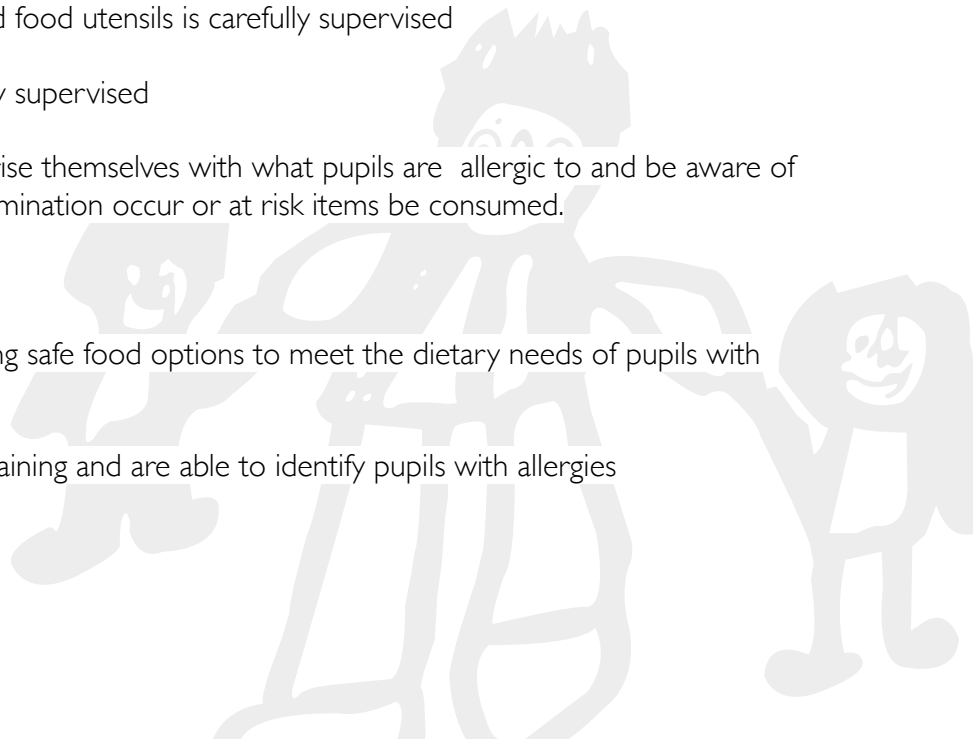
The consumption of food is carefully supervised

School and catering staff will familiarise themselves with what pupils are allergic to and be aware of the required response should contamination occur or at risk items be consumed.

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

Catering staff receive appropriate training and are able to identify pupils with allergies



The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers. Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils

Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Where food is provided by the school, staff will understand how to read labels for food allergens

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

Shoes should always be worn and pupils carefully supervised

Should there be a high number of insects present then staff should dynamically risk assess the situation and act in accordance of the pupils best interests

Should a child at risk of anaphylaxis be stung, then the agreed protocol must be followed

6.4 Animals

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

Pupils with animal allergies will not interact with animals

6.5 Visits and trips

No pupils with allergies will be excluded from taking part

The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip

Pupils at risk of anaphylaxis should have their own ADs with them

Staff trained to administer adrenaline in an emergency will be present on the school trip

Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

Staff are trained in the administration of adrenaline to minimise delays in an emergency
If the pupil has an allergy action plan, this must be followed

A spare school AD device will only be used if:

The pupil does not have a prescribed AD

The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Due to the complexity of their learning needs, it is unlikely that our pupils will be able to self-administer their AD. Where it is determined that this is appropriate, then action will be taken to support the pupil to do so.

Pupils who are prescribed ADs will have them located near to them at all times including when travelling to or from the school and on school trips.

Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

Where a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

In the School Medical Room in the medication cupboard, or in the Griffiths Centre Medical Cupboard.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

All pupils will emergency medication protocols will be listed on a central register which is monitored and updated on a regular basis or when changes to pupils medication requirements are made.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

Spare ADs will be stored:

In the School Medical Room in a wall mounted unit, or in the Griffiths Centre Medical Cupboard.

Spare AAls will be kept:

In pairs, in case a second one is necessary

Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

David Mills and Cathryn Maginnis are responsible for:

Checking monthly that spare ADs are present and in date

Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

In an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Where pupils are at known risk of anaphylaxis, staff will ensure that their prescribed ADs are available to them on school trips and off-site events

Spare ADs will not be routinely taken on school trips and visits where none of the participants are known to be at risk of anaphylaxis. Where children are known to be at risk of anaphylaxis they will have their own device available to them

9. Serious incidents and 'near misses'

A serious incident is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A 'near miss' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded via CPOMS where a child is involved and directly with the Local Authority if only an adult is involved, including the following information:

Who was affected

What happened, when and where

Why the incident occurred (as far as is known)

How staff and pupils responded and what was done to support the individual

Whether emergency services were called

How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons

9.2 Incident reporting

The parents/carers of all pupils should be notified by phone of the incident or 'near miss' as soon as possible

The school will share the report with the pupil's parents, the pupil or the individual involved where this is deemed necessary or is requested

Where it is deemed necessary, or is requested, parents/carers will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Simon Knight (Joint Headteacher). The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with school and health staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all reasonable efforts are taken to ensure all staff, including new starters, receive allergy awareness training at least annually.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy awareness training will ensure that all staff:

Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it

Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

Understand the difference between food allergy, coeliac disease and food intolerance

Know where to find information on allergy triggers

Can identify the range of symptoms of allergic reactions

Understand and can recognise anaphylaxis

Know how to respond in an emergency, including:

Calling emergency services and informing parents/carers

How to locate and administer emergency medication

How to use the medication/device in an emergency

Understand the impact allergy can have on a pupil's wellbeing

Understand the school's allergy safety policy

Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan

Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

11 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding, and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

I2. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

I3. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

Reviewed by: Simon Knight

Date: September 2026

Approved by Governors:

Date: September 2026